



WASTEWATER DISCHARGE PERMIT RENEWAL APPLICATION

Call the Wastewater Source Control Section (916-875-6470) for assistance.

Before completing the permit application, read the attached instructions completely.

Section A. Applicant Information *Mark in white areas only

Business Name _____ Date _____

Facility Address _____

City _____ Zip _____

List All Assessor Parcel Nos. _____

Mailing Address _____

City _____ State _____ Zip _____

Permit Number _____ Date of Last Application _____

Circle or Specify Type of Business Entity Below

Corporation Limited Liability Company (LLC) Limited Partnership (LP)

Person to Contact About This Application _____

Title _____

Phone _____ Fax _____

E-mail Address _____

Person to Contact About Facility Operations _____

Title _____

Phone _____ Fax _____

E-mail Address _____

Number of Employees at this Facility _____

Days of Operation _____ Hours of Operation _____ to _____

Section B. Business Description

List manufacturing or service activities (including primary and secondary processes) at this facility

For Office Use Only: Applicable Category _____ Zero Discharge Status

Section C. Permit Allocations

Existing allocations:	Flow (gallons)	BOD (lbs)	TSS (lbs)
Additional allocations requested:	Flow (gallons)	BOD (lbs)	TSS (lbs)
New allocations requested:	Flow (gallons)	BOD (lbs)	TSS (lbs)

Section E. Chemical Use and Storage

Table 4. Onsite Chemical Use and Storage (attach additional sheets as necessary)

Chemical/Product Name	Process in Which Chemical is Used	Hazardous Ingredients from MSDS	Maximum Amount Stored	Amount Used Annually

For Office Use Only: Slug Control Plan Required

Section F. Significant Changes

List any process, operation, or facility changes since last application. Attach updated site plan and process flow diagram.

Section G. Certification and Signature

Authorized signature and certification of application is required.

Name

Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Date

Submit To: SRCSD
 Wastewater Source Control Section
 10060 Goethe Road
 Sacramento, CA 95827

Phone: 916-875-6470
 Fax: 916-854-9286